Introduction

The Agency for Healthcare Research and Quality (AHRQ) annually publishes a wealth of information in its congressionally mandated National Healthcare Quality Report (NHQR). This *State Snapshot* series provides quick and easy access, through the Web (http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx), to the many measures and tables of the NHQR from a State-specific perspective.

Each *Snapshot* shows two areas in which the health care system of a particular State (or the District of Columbia) is doing well and two in which it might be able to improve. The examples are chosen from those measures for each State that score above average and below average, respectively, relative to all reporting States. Much more information can be viewed on the Web through the *Snapshot* series (at the address above). The *State Summary Tables* list over 100 measures, most with estimates for 2 years of data, for each State, when available from the NHQR.

Data sources, statistics used to assign the categories, calculation of averages, and criteria for selecting the examples presented below are explained at http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx.

Pennsylvania Overview

The *Pennsylvania Summary Table* includes 106 measures from the most recent year of data in the 2004 NHQR (http://www.qualitytools.ahrq.gov/qualityreport/state/stateData.aspx?state=PA). For the most recent data year, Pennsylvania has 17 measures in the above-average category (compared to all reporting States), 45 in the average category of States, and 34 in the below-average category of States. Pennsylvania has 10 measures without sufficient data for classification. Measures in the below-average, and possibly in the average, categories indicate areas that may be fruitful for quality improvement initiatives.

Where Pennsylvania Does Well (Examples)

In this section, the examples show a few of the measures for which the Pennsylvania result was in the above-average group of States. For some measures, such as screening rates, the highest rate is the best result; and for other measures, such as time to treatment, the lowest rate is the best. The above-average category includes the best results however measured. A rate is considered above average when it is better than the all-State average and is statistically different from the all-State average. The all-State average reflects all States, including the District of Columbia, with available data for the measure.

A benchmark for quality improvement is provided below—the top-10-percent State average. This is the average for the five States that have the highest rates among all reporting States and the District of Columbia, 51 jurisdictions. The benchmark shows the best results attained under current medical practice. Some States may view that as a goal for improvement or may set more ambitious goals.

Example 1: Percent of people, covered by managed-care Medicare, who said health care providers always spent enough time with them

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Pennsylvania
2002	68.0	60.3	52.8	65.9

- This measure shows, from the viewpoint of patients under Medicare managed care, whether doctors are patient-centered and spend sufficient time with them. The higher the State estimate for this measure, the more Medicare managed care patients who always received enough time with their physicians during doctor visits in the State.
- In 2002, among adults age 18 and over in Pennsylvania who were covered by Medicare managed care and reported visiting a clinic or doctor's office within the past year, 65.9 percent said that their health providers spent enough time with them. This estimate was roughly equivalent to the top-10-percent State average of 68 percent.
- Pennsylvania's estimate for this measure was above average for both the most recent year (2002) and the initial year (2001).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 4.7g.

Example 2: Percent of people, covered by managed-care Medicare, who said health care providers always showed respect for what they had to say

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Pennsylvania
2002	77.0	71.4	61.8	74.5

- This measure shows, from the viewpoint of adults under Medicare managed care, whether health care providers showed respect for what they had to say. The higher the State

estimate for this measure, the more adults under Medicare managed care in the State believe that their health providers always respect what they say.

- In 2003, among adults age 18 and over in Pennsylvania who were covered by Medicare managed care and who reported visiting a doctor's office or clinic in the last 12 months, 74.5 percent said that their health providers always showed respect for what they had to say. Pennsylvania´s estimate was roughly equivalent to the top-10-percent State average of 77 percent.
- Pennsylvania´s estimate for this measure was above average for both the most recent year (2003) and the initial year (2002).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 4.5g.

Where Improvement May Be Needed (Examples)

The examples in this section are measures for which the Pennsylvania result was in the below-average group of States. To understand how to use these results, see the following section (How To Use the Information). How results on each measure are classified into the below-average category is described at http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx.

The bottom-10-percent State average is provided as a parallel to the top-10-percent State average. Comparison of the two averages shows how far the five States with the lowest rates have to improve to achieve the results of the five States with the best rates.

Example 3: Percent of adults 50 and older ever receiving flexible sigmoidoscopy or colonoscopy

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Pennsylvania
2002	60.9	48.9	40.6	46.6

- This measure shows the extent to which patients age 50 and over undergo a flexible sigmoidoscopy or colonoscopy to screen for colorectal cancer and polyps. The higher the State estimate for this measure, the better the screening rate of patients over 50 for colorectal cancer in the State.
- In 2002, 46.6 percent of people in Pennsylvania age 50 or over had ever received a flexible colonoscopy or sigmoidoscopy. This estimate was roughly equivalent, given the statistical margin of error, to the bottom-10-percent State average of 40.6 percent. The top-10-percent States averaged 60.9 percent.
- PennsylvaniaÂ´s rate for this measure was below average for the most recent year (2002). This represented a decline from Pennsylvania's rate in 2001, when it was in the average group.
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.5b.

Example 4: HIV-infection deaths per 100,000 population

Most recent	Top-10-percent	All-State	Bottom-10-percent

data year	State average	average	State average	Pennsylvania
2001	1.2	3.4	10.6	4.0

- This measure shows the number of deaths from HIV per 100,000 people. The lower the State estimate for this measure, the fewer HIV-related deaths occur in the State. This lower death rate could be explained by effective treatment or a low incidence of HIV among the State population.
- In 2001, there were four HIV-infection deaths per 100,000 people in Pennsylvania. This estimate was below the all-State average of three. The top-10-percent State average was one HIV-infection death per 100,000 people.
- Pennsylvania´s rate for this measure was below average for both the most recent year (2001) and the first year available (1999).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.55b.

How To Use the Information

The NHQR offers a rare opportunity for States and the District of Columbia to view their health care systems in comparison to other State systems on about 100 quality measures. All States have measures in both the above-average and the below-average groups. A first step to determining whether and in which areas quality improvement should be fostered in a State is to study measures in the State Summary Table (http://www.qualitytools.ahrq.gov/qualityreport/state/statedata.aspx?state=PA). Understanding what these measures mean will require insight from many experts familiar with the health care system in the State as well as with quality measurement and improvement strategies. It may also require more study and data collection to determine that a problem actually exists or to identify underlying problems and possible solutions. For example, factors that affect specific population subgroups may underlie apparent health care quality problems and may thus require outreach focused toward those groups. Health care processes also may contribute to poor results, and thus quality improvement may require change in behavior of health care providers. AHRQ hopes that these data aid Pennsylvania leaders in exploring the quality of health care in their jurisdiction and in working to improve it.

For More Information

State Snapshots and State Summary Tables for each State are available on the Internet at http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx. For additional information on this topic, please send e-mail to QRDRInquiries@ahrq.gov.

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